(Your Name)

(Your Address)

(Your Contact Information)

(Date)

(Recipients Name)

(Recipients Address)

(Recipients Contact Information)

(Dear Recipient Name: )

I, (Your Name), hereby grant (Appointed Representative) permission to act as my representative to collect my (Document Names) in my behalf. In order to expedite the identification verification process, I am including the method of identity, start and end date, below.

(Authorized Person: Appointed Representative Name)

(Identification Type: Identification document)

(Identification document number)

(Scope of Documents to Collect: Type of documents)

(Sample of Signature: (hand-written signature sample))

I grant permission for (Appointed Representative) to collect my birth certificate from (Start Date)to (End Date). If you have any questions or concerns, please feel free to contact me at 555-555-5555 at your earliest convenience.

Sincerely,

(Your signature)

(Your typed name)

(Date Signed)

(Notary or Witness, if any)